

Request to purchase Kentucky Public Use Data Sets
Please complete all areas shaded in blue.



1. Individual requesting public use data set(s)

NAME

E-MAIL ADDRESS

PHONE NUMBER

ORGANIZATION NAME

ADDRESS (where data sets will be mailed)

CITY

STATE

ZIP

2. Specify the years for each data sets requested. The price for data set (outpatient or inpatient) is \$1,500.

| Inpatient |
|------------------------------|
| Available years: 2000 - 2017 |
| |

| Outpatient |
|------------------------------|
| Available years: 2000 - 2017 |
| |

| | | | |
|---------------------------|--|-------------|--|
| Total data sets requested | | X \$1,500 = | |
|---------------------------|--|-------------|--|

3. Please mail this completed form, a completed Agreement for Use of Kentucky Health Claims Data and your remittance made payable to **Kentucky State Treasurer** to:

Kentucky Cabinet for Health and Family Services
Allison Lile
Office of Health Data and Analytics
275 East Main Street 4W-E
Frankfort, KY 40621